CITY OF FREMONT, NEBRASKA
REQUEST FOR ASSISTANCE

THIS REQUEST, is made on this____day of_____, 20___, by _____ _____, located at _____ _____ (hereinafter referred to as the "Applicant") to the City of Fremont, Nebraska (hereinafter referred to as the "City").

WITNESSETH:

WHEREAS, Applicant has requested the City to investigate the feasibility of obtaining a Local Option Economic Development Plan Grant in connection with the financing of a project to be undertaken by Applicant.

NOW, THEREFORE, in consideration of the request the following may be done:

1. City agrees to work with the Applicant to investigate the feasibility of obtaining financing through a Local Option Economic Development Plan Grant for the Project. City will investigate the financial condition of Applicant and determine whether or not a Local Option Economic Development Plan Grant Application is appropriate. City will submit the needed paperwork for a Local Option Economic Development Plan Grant for the Applicant to the appropriate committees and City Council, if:

a. Applicant and the Project are within the eligibility criteria of the Local Option Economic Development Plan.

2. If the City determines, in its sole discretion, that the Applicant is eligible for a Local Option Economic Development Plan Grant, then, and in such event, City will advise and consult with the Applicant in the preparation by the Applicant for a complete set of Grant documents together with supporting exhibits, for the purpose of making applications for a Local Option Economic Development Plan Grant (hereinafter referred to as the "Grant Package").

3. Applicant hereby acknowledges that the Applicant is charged with the actual responsibility of preparing the Grant Package, and that the City's sole responsibility in connection with the preparation of the Grant Package shall be to consult with and advise the Applicant as needed. The Applicant further acknowledges that the Applicant will be required to promptly and accurately supply required information concerning the Project. Applicant also further covenants and agrees that City shall not be liable for any of the debts or obligations incurred in and for the assistance of benefit of the Applicant. Applicant further agrees that Applicant will hold the City harmless, and pay all costs and expenses, including attorney's fees, in the event that any claim is made or lawsuit is filed by or against the City arising out of any transaction with or assistance to the Applicant which may in any way be connected with the Agreement.

IN WITNESS WHEREOF, the Applicant hereto have executed, caused to be duly executed this Request, and have affixed or caused to be duly affixed hereto there seal, this_____day of_____, 20___.

Applicant

BY: _____

CITY OF FREMONT
NEBRASKA PATHFINDERS

Local Option Economic Development Plan Grant Application
(Application is an Official Public Document)

A. Business Information:

Name of Business: _____

Address: _____

_____
City State Zip

Contact Person:_____Phone No. _____

Email:_____Company website: _____

Phone No._____FAX No._____

Project Title:_____Total Budget: _____

Business Classification (Mark One): ☐Film/Theatrical ☐Film/Documentary

☐Television/Series ☐Television/Reality

☐Video/New Media ☐Student Films

☐Commercials ☐Misc./Other

Federal ID#:_____(Attach W-9 form)

State of Incorporation or Formation _____

Business Type (Mark One): ☐Proprietorship ☐Corporation ☐Partnership ☐L.L.C

Does the Company have a Parent or Subsidiaries? ☐Yes ☐No

If Yes, Identify Name:_____

Address:_____

_____
City State Zip

B. Personal Information:

Director:_____Phone No. _____

Email: _____

Line Producer:_____Phone No. _____

Email: _____

Accountant:_____Phone No. _____

Email: _____

Location Manager:_____Phone No. _____

Email: _____

Legal Representation:_____Phone No._____

Email: _____

C. Budget Information: (Fremont Spend of City Taxable Sales Only)

Categories:	Projected Spend
Location Site Fees	$_____
Production Facilities	$_____
Construction Facilities/Expenditures	$_____
Equipment Rental	$_____
Purchases/Rentals	$_____
Housing/Living Expenses	$_____
Other	$_____

D. Schedule Breakdown: (Fremont Schedule Only)

Estimated Start: _____

Prep/Wrap Period (Days/Weeks): _____

Shoot Period (Days/Weeks): _____

Project Location:

_____ Within the City Limits of Fremont

_____ Outside of City Limits, but within the Zoning Jurisdiction of Fremont

_____ Unincorporated Area (Dodge County)

E. Estimated Production Workforce

_____ Total Number of workforce (estimated number of people on the ground in Fremont)

_____ Total Number of Fremont resident workforce

_____ % of Fremont residents included in entire production force

Complete the attached Financial Statement Form. All Financial Statement information will be kept confidential.

I certify that the above information constitutes a total and complete listing of all information for the above company. Pages 1 and 2 of this application are public information and are subject to public disclosure during the application process.

Name:_____ Signature: _____

Title:_____Date: _____

Return application to:
City of Fremont
Attn: Grant Coordinator
400 E. Military
Fremont, NE 68025

REQUEST FOR PROTECTED RECORD STATUS
(Business Confidentiality Claim)

Name and Address of business and representative making this confidentiality claim (please print or type): _____

I request the attached/enclosed information (record) provided to the City of Fremont, or any of its agencies (divisions or programs), be considered confidential and given protected status.

Description (optional) of the information (record) which is to be covered by this confidentiality claim and which you believe qualifies for protected status _____

_____

_____

The following reasons support this claim of business confidentiality. Please check all of the following which apply:

( ) 1. The record provided is a trade secret.

( ) 2. The record is commercial or non-individual financial information and disclosure of the information could reasonably be expected to result in unfair competitive injury to the provider of the information.

( ) 3. The record is commercial or non-individual information and disclosure of the information could reasonably be expected to impair the ability of the City of Fremont, or its agencies, to obtain necessary information in the future.

( ) 4. The record is commercial or non-individual financial information and the interest of the provider in prohibiting access to the information is greater than the interest of the public in obtaining access.

( ) 5. The information would reveal negotiations regarding assistance or incentives offered by or requested from the City of Fremont for the purpose of encouraging a person to expand or locate a business in Fremont, but only if disclosure would result in actual economic harm to the person or place the City of Fremont at a competitive disadvantage. **NOTICE:** Records evidencing a final contract may not be classified protected under this section.

Statement (a concise written statement supporting a business confidentiality claim is required, use reverse side of this sheet or attach additional sheets if necessary.

NOTE: Claimant shall be notified if a record claimed to be protected is classified public or if the determination is made that the record should be disclosed because the interest favoring access outweigh the interest favoring restriction of access. Records claimed to be protected under this business confidentiality claim will be reviewed by the City Attorney for the City of Fremont for final determination. The City attorney will notify applicant if any documents would be deemed public records.

By_____Date _____

FINANCIAL STATEMENT FORM
(Confidential Document Information)

The following shall be submitted with separate Financial Package. Financial Package to include detailed preliminary budget for entire production; detailed preliminary budget for Fremont portion of production; copy of insurance policy for production including agent and location, insurance company(s) and location and policy amounts; if project is a "work for hire", a copy of the agreement showing that the applying company is authorized to receive the incentive; distribution plan; and assurances currently in place that ensure financing to complete the production is available, such as completion bond (if available. Written explanation for no Completion Bond if necessary), financial guarantees, etc.

F. Banking Information:

Financial Institution: _____

Address: _____

Account No: (Checking)_____(Savings)_____

Bank Contact:_____Email: _____

Phone No:_____Fax No: _____

G. PAYROLL SERVICE:

Payroll Company: _____

Address:_____
City State Zip

Contact:_____Email: _____

Phone No.:_____Fax No.: _____

H. INSURANCE:

Insurance Company: _____

Location: _____

Agent:_____Phone No.: _____

I. COMPLETION BOND:

Bond Company: _____

Address:_____
City State Zip

Contact:_____Email: _____

Phone No.:_____Fax No.: _____

J. PROFESSIONAL INDUSTRY REFERENCES:

Company: _____

Address: _____
City State Zip

Contact: _____ Email: _____

Phone No.: _____ Fax No.: _____

Company: _____

Address: _____
City State Zip

Contact: _____ Email: _____

Phone No.: _____ Fax No.: _____

Company: _____

Address: _____
City State Zip

Contact: _____ Email: _____

Phone No.: _____ Fax No.: _____